



# CHARTER TOWNSHIP OF VAN BUREN

46425 Tyler Road, Belleville, Michigan 48111-1299

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## APPLICATION FOR USE OF MUNICIPAL CENTER AND RELEASE OF LIABILITY WAIVER

(Please type or print legibly)

Please read the rules and regulations furnished to you before completing this form. The form must be completed in full before a decision regarding use can be made.

Name of Organization: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Type of Activity \_\_\_\_\_

Anticipated Attendance:  Adults  Children Total Participants: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Day of the Week: MO TU WE TH FR SA SU

Time In: \_\_\_\_\_ a.m./p.m. Time Out: \_\_\_\_\_ a.m./p.m. (includes set-up/take down time)

Room Requested: \_\_\_\_\_

Special Equipment Request: (will be provided if available) \_\_\_\_\_

Will food or beverages be served?  yes  no

If so, \$50.00 security deposit must be submitted at time of application.

Number of tables and chairs needed (if applicable) Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_

### PLEASE READ WAIVER CAREFULLY BEFORE SIGNING FORM

The undersigned hereby verifies that he/she (1) has authority to sign this application for the above named organization, (2) has read the rules and regulations of the Charter Township of Van Buren relative to use of rooms and agrees to all arrangements therein stated, (3) agrees to complete a room inspection both prior to and immediately following use, (4) agrees to indemnify, defend and save harmless the Charter Township of Van Buren, its Board, agents and employees from and against all loss and expense by reason of liability imposed by law or bodily injury, including death at any time resulting there from, sustained loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, the Charter Township of Van Buren, its Board, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of the Charter Township of Van Buren, its Board, agents and employees. The undersigned further understands that failure to comply with all arrangements herein stated or falsification of any information called for in the application will be grounds for denial of this or any future room request.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_ By: \_\_\_\_\_ Receipt: \_\_\_\_\_

Comments: \_\_\_\_\_